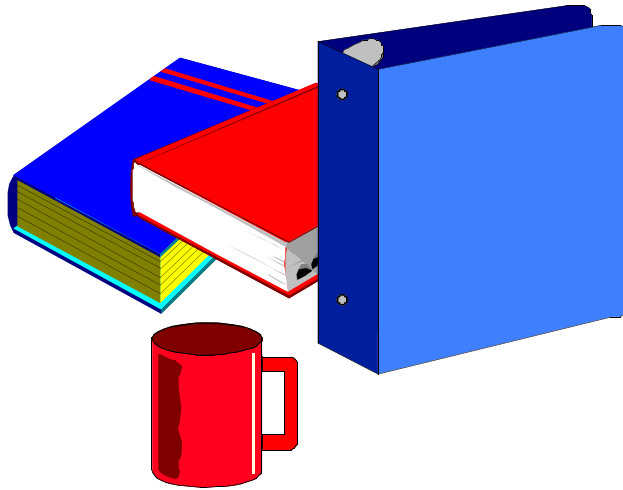


**Direct Support Professional Training  
Year 1**

# **Teacher's Resource Guide**



## **Session #4 Wellness: Medications**

**California Department of Education  
and the  
Regional Occupational Centers and Programs  
in partnership with the  
Department of Developmental Services**

**1999**

## List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	<b>Wellness: Medications</b>	<b>3 hours</b>
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Postive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
<b>Total Class Sessions</b>		<b>12</b>
<b>Total Class Time</b>		<b>35 hours</b>

**Session:** 4  
**Topic:** Wellness: Medications

**Core**

**Objectives:** Upon completion of the three Wellness modules, the DSP should be able to:

- W-1 Demonstrate correct use of Standard Precautions.
- W-2 Demonstrate basic knowledge of medications.
- W-3 Demonstrate healthful meal planning and food preparation, storage and handling procedures.
- W-4 Utilize strategies to ensure safety, and to prevent injuries and accidents.
- W-5 Respond in a timely manner to medical emergencies.
- W-6 Respond to environmental emergencies.
- W-7 Demonstrate knowledge and understanding of an individual's medical, mental and dental health care needs.
- W-8 Recognize and respond to signs and symptoms of illness or injury.
- W-9 Maintain documentation of individual health status and medical needs.
- W-10 Access community health care resources.

**Cautionary Statement**

The material in this module is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This module highlights medication. This module does not cover all situations, precautions, interactions, adverse reactions, or other side effects. A pharmacist can assist you and the doctor with questions about medications. We urge you to talk with pharmacists, nurses and other professionals (e.g., dietitians) as well, to broaden your understanding of the fundamentals covered in this module.

Time:	<b><i>Review of Homework Assignment #3</i></b>	10 minutes
	<b><i>Key Words</i></b>	3 minutes
	<b><i>Review Questions</i></b>	5 minutes
	<b><i>Medications</i></b>	15 minutes
	<b><i>Preparation and Administration</i></b>	35 minutes
	<b><i>Break</i></b>	15 minutes
	<b><i>Adverse Reactions and Side Effects</i></b>	35 minutes
	<b><i>Correct Handling of Drugs, and Recording</i></b>	30 minutes
	<b><i>Common Medications and Their Use</i></b>	20 minutes
	<b><i>Concluding Thoughts on DSP's Role</i></b>	5 minutes
	<b><i>Homework Assignment</i></b>	7 minutes
	<b>Total Time</b>	<b>180 minutes</b>

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
  - Hard copy of overheads or disk with PowerPoint presentation.
  - *Resource Guide* for all class participants;
  - Enough bubble-packs and containers, properly labeled (J. Doe, 1 bean per day), with jelly beans (make sure that 4 of the sets are yellow and the rest are red) or other candies for practicing (You will need to work with your local pharmacist to obtain these materials. Check with DSPs to find out the best pharmacist in your area.);
  - Easel and paper, or white board, and markers; and
  - Pencils for writing.

## Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

## Introduction

**Do**

**Show overhead #1**

**Say**

Welcome to the second of three sessions on Wellness.

**Do**

**Show overhead #2**

**Say**

This session is titled Medications and we will spend the entire session on

- *how to help with self-administration of medications;*
- *drug interactions, observing for adverse reactions and other side effects; and*
- *recording, reporting, and responding when problems arise; and*
- *some common medications and their uses.*

## Your Presentation Notes

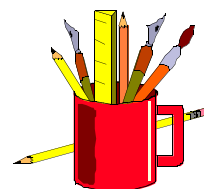
### Three Sessions of Wellness

- **Nutrition, Exercise and Safety**
- **Medications**
- **Responding to Individual Needs**



Session #4, Overhead 1

### Session 4: Wellness



**Medications**

Session #4, Overhead 2

**Do**

**Show overhead #3**

**Say**

Once again, a word of caution about these three sessions on health:

- The information in this session is not intended to be medical advice.
- Medical advice should be obtained from a licensed physician.
- We urge you to talk to health care professionals about the fundamentals covered in this session.

Okay, Let's review the Homework Assignment.

## Review of Homework Assignment

**For discussion, Ask**

Did everyone, at your own home or the care home, check for over-the-counter medications?

Any trouble doing the homework?

**Do**

Having written the four questions below on separate sheets of flip-chart or easel paper before hand.

## Your Presentation Notes

### **A Note of Caution**

- **The information in this session is not intended to be medical advice.**
- **Medical advice should be obtained from a licensed physician.**
- **We urge you to talk to health care professionals about the fundamentals covered in this session.**

**Session #3, Overhead 3**

## Homework Assignment for Session #4: Over-the-Counter Medication in the Home

**Directions:** Your homework assignment is to check around either the home where you work or your own home, and to record some information about non-prescription, Over-the-Counter medications: things like aspirin, Tylenol, Nyquil, anti-diarrhea medicine, heartburn medications, and the like.

1. What kinds of over-the-counter medications (for example, pain; inflammation; heartburn; cold/flu symptoms) – that is, non-prescription medications -- are in the home?
2. How many over-the-counter containers (for example, packages; bottles) were you able to find?
3. How many have expiration dates in the past?
4. How many are under lock and key, accessible only to someone who has a key?

**Ask**

1. What kinds of over-the-counter medications (e.g., pain; inflammation; heartburn; cold/flu symptoms) – that is, non-prescription medications – are in the home?
2. How many over-the-counter containers (e.g., packages; bottles) were you able to find?
3. How many have expiration dates in the past?
4. How many are under lock and key, accessible only to someone who has a key?

**Do**

Record answers to the above questions, using check marks next to a statement, if the same point is made by more than one individual:

**After discussion, say**

Over-the-counter medications, in care homes, should not be accessible to residents, except in very special circumstances – say, when learning self-medication – and then under lock and key to keep others away from them. Medications can help, . . . and, they can be injurious. Many are very **powerful substances!** We will be talking about the role of the DSP in assisting people with their medications.

Your Presentation Notes



## Key Words

**Do**

**Show Overhead #4**

**Say**

Near the front of your *Resource Guide*, you will find a list of key words that you will hear a lot during today's session. They are:

- Prescription
- Pharmacy/Pharmacist
- Medication
- Medication Self-Administration
- Adverse reactions
- Side effects
- Drug interactions, including food and alcohol
- Medication recording and storage

## Review Questions

**Do**

**Show overhead #5**

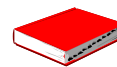
**Say**

Several key points and critical skills are today's focus. As with other sessions, key points are highlighted in a set of *Review*

## Your Presentation Notes

### Key Words

- Prescription
- Pharmacy/Pharmacist
- Medication
- Medication Self-Administration
- Adverse Reactions
- Side Effects
- Drug Interactions
- Medication Recording



Session #4, Overhead 4

### Review Questions

- What are the *Five Rights*?
- Is it ever okay to package a dose of medicine?
- What about "as needed" medication?
- What is an adverse reaction or side effect?

Session #4, Overhead 5

*Questions.* They are in your *Resource Guide*, right after the Key Words. The review questions for today are:

1. What are the *Five Rights* in assisting an individual with medication?
2. Is it ever okay to package up a dose of medicine to be taken when away from the home?
3. When can “as needed” medicine, including over-the-counter remedies, be administered?
4. In your own words, what is an adverse *drug interaction* or *side effect*? How should you respond?

You will also find a series of True/False questions to test your knowledge.

## Medications

**Do**

**Show overhead #6**

**Say**

A *medication* is a substance taken into (or applied to) the body for the purpose of prevention, treatment, relief of symptoms, or cure. Substances with other primary purposes (for example, lipstick and other cosmetics) are not considered medications.

## Your Presentation Notes

### **What is a *medication*?**

**A *medication* is a substance taken into (or applied to) the body for the purpose of prevention, treatment relief of symptoms, or cure.”**



**Session #4, Overhead 6**

**Do**

**Show Overhead #7**

**Say**

The most powerful medications that we use are by *prescription* – that is, they must be ordered by a physician or other prescriber (e.g., a dentist, podiatrist).

Others can be purchased without a prescription. They are called *over-the-counter* drugs.

Many medications do a lot of good. However, medications or drugs may also cause harm. Knowing about medications, their use and abuse, and how to assist individuals in using them, is vital to the health and well-being of those you serve.

Sometimes when a person takes a medication, it might make them feel confused, dizzy, anxious, or cause change in body function. This is called an unwanted effect or side effect from the medicine.

In order for the physician to prescribe a best medication, he or she needs to be informed of the person's medical history, any drug allergies, current medications the person is taking and the purpose, medical and dental conditions, and observations of recent physical or behavioral changes.

## Your Presentation Notes

### Terminology

- **Prescription**
- **Non-prescription or over-the-counter**

Session #4, Overhead 7

It's also a good idea to get all prescriptions and over-the-counter medications at the same pharmacy or drug store so the pharmacist can maintain an active listing of all medications and check for potential drug-drug or food-drug interactions.

**Do**

**Show overhead #8**

**Say**

In a Community Care Facility, the DSP can assist with self-administration of medication. Only a licensed health professional can administer medications. A physician must document an individual's ability to safely self-administer medications without assistance from the DSP.

Whether the DSP assists with self-medication or an individual takes medication with no assistance, the DSP can help by:

- (1) knowing what adverse reactions and other side effects may occur;
- (2) looking for and documenting intended, beneficial effects; and
- (3) observing, documenting, and responding to any other changes brought on by the medication.

**Say**

Let's turn to *assisting with medication*. We will do a couple of activities.

## Your Presentation Notes

**To get benefits and  
reduce risk . . .**

- **Know about adverse reactions and side effects**
- **Look for and document beneficial effects**
- **Observe and document unintended effects, and responding appropriately**

**Session #4, Overhead 8**

**Do**

**Show overhead #9**

**Say**

First, however, it's important to know about the common symbols and abbreviations used in medicine.

In your *Resource Guide* (refer to the page number) you will find this list of terms.

**Do**

Review the list of abbreviations and symbols.

**Say**

Any questions about abbreviations, and units of weight or volume of fluid?

**REMEMBER:** All questions are valuable.

If you have a question, others in the class almost surely have the same question on their minds.

**Do**

**Show overhead #10, #11, and #12**

**Do**

Review the list of information on the three overheads on Medication Labels. These are the things the DSP should find (10, 11) as well as a sample label and samples of warning labels they might encounter (12).

## Your Presentation Notes

### Abbreviations and Symbols

q. (Q) = Every	GM, gm. = grams (1,000 mg.)
Oz. = Ounce	h.s. (HS) = Hour of sleep (bedtime)
d. = Day	Cap = Capsule
tsp. = Teaspoon (or 5 mL.)	p.r.n. = when necessary, or as needed
h. = Hour	Tab = Tablet
Tbsp. = Tablespoon (3 tsp., or 15 mL.)	A.M. = Morning
b.i.d. = Twice a day	OTC = Over-the-counter
gr. = grains	P.M. = Afternoon/evening
t.i.d. = Three times a day	Rx = Prescription
mg. = milligrams	Qty = Quantity
q.i.d. = Four times a day	

Session #4, Overhead 9

### Medication Labels

- Patient's Name;
- Prescriber's Name;
- Date prescribed (or filled);
- Name of the medication;
- Strength; (continued)



Session #4, Overhead 10

### Medication Labels

- Directions for how to use the medication;
- Quantity in the prescription;
- Expiration date; and
- Other information (e.g., Prescription #; pharmacy; refills; etc.)

Session #4, Overhead 11

## Abbreviations and Symbols Related to Medications Usage

A variety of abbreviations and symbols used by health care professionals that you may see and need to know are listed below:

<b>q. (Q)</b>	=	Every
<b>Oz.</b>	=	Ounce
<b>d.</b>	=	Day
<b>tsp.</b>	=	Teaspoon (or 5 ml.)
<b>h.</b>	=	Hour
<b>Tbsp.</b>	=	Tablespoon (3 tsp., or 15 ml.)
<b>b.i.d.</b>	=	Twice a day
<b>gr.</b>	=	grains
<b>t.i.d.</b>	=	Three times a day
<b>mg.</b>	=	milligrams
<b>q.i.d.</b>	=	Four times a day
<b>GM, gm.</b>	=	grams (1,000 mg.)
<b>h.s. (HS)</b>	=	Hour of sleep (bedtime)
<b>Cap</b>	=	Capsule
<b>p.r.n.</b>	=	when necessary, or as needed
<b>Tab</b>	=	Tablet
<b>A.M.</b>	=	Morning
<b>OTC</b>	=	Over-the-counter
<b>P.M.</b>	=	Afternoon/evening
<b>Rx</b>	=	Prescription
<b>Qty</b>	=	Quantity

## Say

Let's do a **Prescription Label Activity**. This activity is in your *Resource Guide* (refer to the page number). Work as a group at your table. Look at the labels, and make a list of things that are wrong or inadequate on each. Take about 5 minutes.

After five minutes, review each label asking the group what they thought was missing, wrong, or inadequate. Pay attention to missing dates (discard, date prescribed), strength and "as needed."

## Do

Show overhead #13 and #14

## Say

With regard to medication, we consider these to be the *critical skills* needed by DSPs:

- Assure that all medications are correctly self-administered.
- Watch carefully for adverse reactions and other side effects;
- Document changes in the illness or behavior, and in symptoms, adverse reactions, other side effects and apparent interactions in the individual's record.
- Bring this information to the attention of appropriate persons (for example, administrator of the home, nurse, the individual's physician, other DSP staff) in a timely manner and be sure it is acted upon.

## Your Presentation Notes

### Medication Labels

ABC Memorial Pharmacy  
RX 577524 Dr. McDaniel  
7/28/97  
Amoxicillin 500 mg #30 capsules  
Take 1 capsule 3 times daily for 10 days.  
Expires: 8/3/97 Discard after: 8/3/01  
No refills



Session #4, Overhead 12

### Critical Skills of the DSP?

- Assure all medications are correctly self-administered
- Watch for adverse reactions and other side effects
- Document changes
- Bring information to appropriate persons

Session #4, Overhead 13

### Critical Skills of the DSP? (cont'd)

- Ask questions of the physician and pharmacist, when you have them
  - what is the name of the medication?
  - when to take it?
  - what food or drinks should be avoided?
  - are there any side effects?
- Read up on medications which are used

Session #4, Overhead 14

## Activity: Prescription Label Exercise

What problems can you identify in the following prescription labels numbered 1-4?  
(NOTE: These labels do not include name, address, and phone number of pharmacy, number of refills remaining, and name of manufacturer.)

No.	Today is . . .	Label (partial)	Problem(s)
Ex.	00/00/00	Rx number                      Prescriber's name Patient's name                  Date prescribed/filled Name of medication and strength Directions for how to use the medication Quantity (e.g., number of pills) in prescription Expiration date	None- Example has necessary information
1.	2/24/99	Rx# 325-486                      Dr. Jones John Raymond                  10/30/97 FOLIC ACID* Take one tablet orally daily. Qty: 100 tabs Discard after*	<ul style="list-style-type: none"> <li>• No strength</li> <li>• When to take the one dose</li> <li>• No expiration date</li> </ul>
2.	2/24/99	Rx# 765-432                      Dr. Molina Susan Jones                      12/15/98 Chlorpromazine 25 mg tablets For: THORAZINE Take 1 tablet as needed.* Qty: 20 tabs Discard after 12/15/01	<ul style="list-style-type: none"> <li>• "May repeat ____"</li> <li>• Needed for what?</li> <li>• Does not indicate if it can be repeated and how soon</li> <li>• No maximum dose over 24 hour period</li> </ul>
3.	2/24/99	Rx# 123-456                      Dr. Watson Sydney Smith                      6/30/97 Meclizine 25 mg tablets For: ANTIVERT Take 1 tablet every four hours as needed for dizziness* Qty: 30 tabs Discard after 9/30/98*	<ul style="list-style-type: none"> <li>• No maximum dose over 24 hour period</li> <li>• "May repeat ____"</li> <li>• Expired medication</li> </ul>
4.	2/24/99	Rx# 001-002                      Dr. Smith Jose Arriba VICODIN* Take 2 tablets as needed for pain or headache Qty: 100 TABS Discard after _____*	<ul style="list-style-type: none"> <li>• No maximum dose over 24 hour period</li> <li>• "May repeat ____"</li> <li>• No expiration date</li> <li>• No strength</li> <li>• No fill date</li> </ul>



- When accompanying a person on a physician visit, or getting a prescription filled, ask the physician and the pharmacist questions to get necessary information about the medication: **what is the name of the medication?; when to take it?; what food or drinks should be avoided?; and, are there any side effects?**
- Read up on any medications being considered or prescribed.

In your *Resource Guide*, we list a number of books and a couple of web sites where you can get more information about medications. Ask the physician, pharmacist, or nurse to recommend one.

## Preparation and Administration

### Do

Show overhead #15

### Say

The Five Rights are basic to assisting with medications. The DSP needs to be sure he/she has the:

- ☐ Right Person
- ☐ Right Medication
- ☐ Right Dose
- ☐ Right Time
- ☐ Right Route

## Your Presentation Notes

### The Five Rights

Right Person

Right Medication

Right Dose

Right Time

Right Route



Session #4, Overhead 15

This procedure is a “must” each time the DSP assists with any medication - even when assisting with a medication which a person has been taking for a long time. There is always a possibility that some change has been ordered that you are unaware of, or that you accidentally removed the wrong container.

### **Right Person**

In order to make sure that you have the right person, you have to know the person. If you are not certain that you are assisting the right person, seek assistance from another staff member who knows the identity of the person.

### **Right Medication**

In order to make sure you have the right medication for the right person:

- Check for the name of the person on the pharmacy label.
- Double check the label to make sure that you have the right medication for the right person before actually giving the medication to the individual.

### **Right Dose**

Be sure you assist with the right dose by checking the pharmacy label to make sure of the dose.

## Your Presentation Notes

### **The Five Rights**

**Right Person**

**Right Medication**

**Right Dose**

**Right Time**

**Right Route**



Session #4, Overhead 15

### Right Time

When a physician prescribes a medication, he/she will specify how often the medication is to be taken. Some medications must be self-administered only at very specific times of the day, for instance, before meals, one hour after meals, at bedtime, etc. It is very important that medications be self-administered as prescribed.

### Right Route

The pharmacy label should state the route by which the drug should be self-administered (if other than oral). Follow the route directions carefully.

If you have any doubt as to whether the medication is in the correct form as ordered, or can be self-administered as specified, consult with the prescribing physician or your pharmacist.

In the case of pills (tablets, capsules, caplets, etc.), the right route is "oral", that is, the medication enters the body through the mouth. Dermal patches and ointments are applied to the skin. Some sprays are taken in through the nose, others through the mouth. Eye drops enter the eyes.

**In a licensed Community Care Facilities, when a more intrusive route is involved, for example, an injection or suppository,**

## Your Presentation Notes

### The Five Rights

**Right Person**

**Right Medication**

**Right Dose**

**Right Time**

**Right Route**



Session #4, Overhead 15

**because of the risks involved, the medication can only be administered by a licensed health professional.**

**Do**

**Show overhead #16**

**Say**

When preparing to assist with medication, there are several things the DSP should do to minimize medication errors:

- ✓ Get the Medication Log for the individual you are assisting.
- ✓ Put out all the necessary items, for example, water and a glass or any other necessary items.
- ✓ Always prepare medication in a clean and well lighted area.
- ✓ Allow plenty of time (to avoid rushing) and stay focused.
- ✓ Prepare and assist in a quiet place, to minimize distractions.
- ✓ Make sure labels are readable and correct.
- ✓ Always wash your hands before assisting with medications.

Only one DSP should be assisting an individual with medications at any given time and that DSP should be allowed to focus only on the medications.

## Your Presentation Notes

### **Preparation**

- ✓ **Medication Log**
- ✓ **All necessary items**
- ✓ **Clean, well lighted area**
- ✓ **Allow plenty of time**
- ✓ **Assist in a quiet place**
- ✓ **Make sure labels are readable and correct**
- ✓ **Wash hands before assisting**

**Session #4, Overhead 16**

## Do

Show overhead #17 and #18

## Say

Here are some additional reminders to help you minimize errors when assisting with medication:

- Check and compare at least three times the pharmacy label with the Medication Log.
- Check for RIGHT Person, RIGHT Medication, RIGHT Dose, RIGHT Time, and RIGHT Route each time.
- Stay with person until you are sure she/he has taken the medication.
- Immediately initial the Medication Log.
- Ask for help from the prescribing physician or pharmacist if you are unsure about any step in the preparation of, assistance with, or documentation of medications.

## Preparation

Enough bubble-packs and containers, properly labeled (J. Doe, 1 bean per day), with jelly beans (make sure that 4 of the sets are yellow and the rest are red) or other candies for practicing. You will need to work with your local pharmacist to obtain these materials. Check with DSPs to find out the best pharmacist in your area.

## Your Presentation Notes

### Administration Assistance

- ✓ Compare at least three times the pharmacy label with the Medication Log
- ✓ Check
  - ✓ RIGHT Person
  - ✓ RIGHT Medication
  - ✓ RIGHT Dose
  - ✓ RIGHT Time
  - ✓ RIGHT Route

Session #4, Overhead 17

### Administration Assistance

- ✓ Stay with person
- ✓ Immediately initial the Medication Log
- ✓ Ask for help from the prescribing physician or pharmacist if you are unsure

Session #4, Overhead 18

**Do**

Hand out the bubble packs and containers.

**Say**

Let's practice the *Five Rights*. This involves role-playing and practice in pairs.

Use the procedures for preparation and assisting with medications found in your *Resource Guide* (refer to the page number).

Use the Medication Log with the jelly bean written into it (refer to the page number in the Resource Guide) to record.

Follow the procedures for both the bubble pack and the container.

**Do**

Move from table to table and make sure that each participant follows the procedures.

**Ask**

Any problems?

**Discuss**

Make sure that there is a discussion about the fact that four pairs or participants received yellow jelly beans and that the medication should not have been taken. If they were taken, this is a medication error. Mention that we will talk more about medication errors in a few minutes.

Your Presentation Notes

Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph: 123-4567)  
Insurance: ☐ Medi-Cal • ☐ Medicare • Insurance No.

## Activity: Assisting Individuals with Self-Administration

[illegible]

Primary care physician:

**Legend:** Initials means given.

## Signatures & initials:

**Notes & comments:** (Suggest color-coding times of day with light highlighter.)

Pharmacy: \_\_\_\_\_

D=day program • H=Relative or friend's home • E=Elsewhere

for \_\_\_\_\_ for \_\_\_\_\_

## Allergies

## Penicillin

**Do**

After watching the practice, point out problems. Ask for questions.

**Say, and Discuss**

What are some other “Do’s” and “Don’ts” in assisting with medications?

**Do**

Write what people say on easel or flip-chart paper. Try to be make sure many of the following points are made:

- One person should be assigned to assist individuals with medications at a given time.
- Only initial the Medication Log for dosages of medication for which you personally have provided assistance.
- Never write on a drug label. Do not alter a drug label in any way.
- If, in opening a new container, and the new medication is different from the old (in shape, size, color, etc.), don't give it until you have determined the reason for the difference. Call the physician or pharmacist to verify the change. It could be a drug dispensing error!
- Watch carefully for and document all adverse reactions and other side effects, especially with new medications or change in dose.
- If a person misses a dose, don't double up the next time. Check with the individual's physician, and get directions on what to do.

Your Presentation Notes



- It is advised to set up medications immediately before assisting individuals with them.
- Never hand a medication to one person to pass on to another.

### Do

Show overhead #19

### Say

Let's talk a moment about two important Community Care Licensing regulations regarding medications. How would you answer these questions?

1. Can a single dose be packaged to take when away from home? If so, how?

Yes, it is permissible for a single dose, so long as the envelope or other container carries the following information:

- the facility's name and address;
- the resident's name;
- name of the medication(s); and
- instructions for assisting with self-administration.

The facility's phone number should also be listed, to aid in communication.

## Your Presentation Notes

### Two Important CCL Regulations

- Can a single dose be packaged to take when away from home? If so, how?
- "As needed" medications – what do you need to do?

Session #4, Overhead 19

2. What is required before “as needed” medications can be used?

Before an “as needed” medication can be used, one needs a physician’s order which indicates dose, how long before a second (or third, fourth) dose is given, maximum dose over twenty-four hour period, what the medication is for, when to stop, and when to contact physician for reevaluation and it must be in the individual’s record.

A record must be kept of each dose of "as needed" medications taken, and if the person cannot determine need and cannot communicate symptoms clearly, DSPs (except in small family homes for children) need to contact the physician for instructions before each dose.

If, in the written judgment of the physician, an individual has the ability to relate symptoms (“I have a headache”) and communicate that he or she wants to take medication (“I want two aspirin”), DSPs in a Community Care Facility may assist a person with the medication. Otherwise, DSPs need to contact the physician before each dose.

Regarding “as needed” medicine – including most over-the-counter drugs, what information from the physician do you need to have? Aside from small family homes for children, what if the adult cannot determine need and cannot communicate symptoms clearly?

## Your Presentation Notes

**Do**

**Show overhead #20**

**Say**

May adults refuse to take a medication? If so, what do you need to do?

Adults have a right to refuse medication.

99% of the time the DSP can figure out a way to encourage the person to take their prescribed medication, without being coercive.

It is not Okay to disguise medicine in food or liquid – that is, to sneak it into the person's body.

Besides charting the refusal, it's important to alert the prescriber right away. The prescriber may be able to figure out a way to accommodate an individual's medication preference or special health consideration.

The dose should be set aside and destroyed in an acceptable way.

**Do**

**Show overhead #21**

**Say**

There are a number of reasons that someone might be refusing, for example:

- Unpleasant taste.
- Unpleasant side effect (for example, vomiting, dizziness).

## Your Presentation Notes

### Two Important Questions

- May adults refuse to take a medication?
- If so, what do you need to do?

Session #4, Overhead 20

### Refusals May Be About . . .

- Unpleasant taste
- Unpleasant side effect
- Lack of understanding about the need for the medication
- Denial of need for medication

Session #4, Overhead 21

- Lack of understanding about the need for the medication.
- Denial of need for medication.

It's important to try to find out why. You find some ideas for solutions for these problems in your *Resource Guide* (refer to the page number).

**Do**

**Show overhead #22**

**Say**

Many **bad things** that happen are the result of medication errors. The DSP's job is to do the very best in assisting individuals to get the benefits of medications, while minimizing adverse effects. A medication error has occurred when:

- The wrong person took the wrong medication.
- The wrong dosage was taken.
- A medication was taken at the wrong time.
- A medication was taken by the wrong route.
- A medication was not taken at all.

Every medication error is potentially serious and could be life-threatening. If an error does occur, it must be reported immediately

## Your Presentation Notes

### What About Errors?

- **Errors happen when:**
  - **Wrong person**
  - **Wrong dosage**
  - **Wrong time**
  - **Wrong route**
  - **Not taken at all**
- **Reported immediately to the prescribing physician**

Session #4, Overhead 22

to the prescribing physician, and necessary action taken. The error must be recorded and the policies of your care home followed.

BREAK for 15 minutes

## Adverse Reactions and Side Effects

### Do

Show overhead #23 and #24

### Say

There are both *intended* and *unintended* effects of drugs. Some people call unintended effects “side effects” or “adverse reactions.” Some people reserve the words “adverse reactions” to especially serious effects (e.g., life-threatening, long-lasting, especially troubling), and use “side effects” to refer to less serious, often temporary effects (e.g., dry mouth).

It's important to know what medications are being used by people in the home where you work and learn about them. Know what possible side effects may occur, and be sure to ask the physician what kind of reactions should be brought immediately to his/her attention. Write these down, and be sure everyone knows what to do, and does what they are supposed to do.

## Your Presentation Notes

### Symptoms of Adverse Reactions

- Know what medications are being used
- Know possible side effects
- Ask physician what reactions should be reported immediately
- Watch for expected and unexpected effects



Session #4, Overhead 23

### Symptoms of Adverse Reactions

- Document
- Report
- Follow physician's directions to continue, change, or discontinue



Session #4, Overhead 24

Watch for expected and unexpected effects of the medication, document them, report to the prescribing physician, and follow the physician's directions to continue, change, or discontinue the medication. Any change of this kind needs to be documented in individual records and all DSPs working in the home need to be alerted. It is particularly important to watch for side effects when a new drug is being taken, or a dose increased.

**Say**

Let's do the activity, called **Asking the Physician and Pharmacist, a Safety Check**, which is in the *Resource Guide* (refer to page number). This is a role-playing exercise. Pair up, and read the written material first. Take turns, one person play either the physician or pharmacist. The other role is the DSP.

The DSP asks (or prompts the resident to ask) the questions and writes down what the pharmacist or physician says. The sample information about DILANTIN does not answer all questions, so for purposes of this exercise, you may make up the rest. The value of the exercise is the experience of asking the questions, writing down what the person said, and checking for understanding.

Your Presentation Notes

## Example of a Written Insert to Accompany a Drug Dispensed by the Pharmacist

### Medication: Dilantin (Phenytoin - Oral)

**USES:** This medication is used to treat seizures and epilepsy.

**HOW TO TAKE THIS MEDICATION:** Take with food or milk if stomach upset occurs. Capsules should be swallowed whole unless otherwise directed. The tablets must be chewed thoroughly before swallowing. The suspension must be shaken well before measuring each dose. This medication must be taken as prescribed. Do not stop taking this drug suddenly without consulting your doctor as seizures may occur. It is important to take all doses on time to keep the level of medication in your blood constant. Do this by taking doses at the same time(s) each day. Do not skip doses. While taking this medication, lab tests may be done, especially in the first few months, to check if the drug is working properly.

**SIDE EFFECTS:** May cause drowsiness, dizziness, or blurred vision. Use caution performing tasks that require alertness. Other side effects include stomach upset, headache, muscle twitching or sleep disturbances. These should subside as your body adjusts to the medication. Notify your doctor if seizures occur or if you develop severe nausea and vomiting, joint pain, swollen or tender gums, sore throat, uncoordinated movements, unusual bleeding or bruising, uncontrolled side-to-side eye movements or skin rash while taking this medication. May cause enlargement of the gums. This can be minimized by maintaining good oral hygiene with regular brushing, flossing and massaging of the gums.

**PRECAUTIONS:** This drug should be used during pregnancy only if clearly needed. Discuss the risks and benefits with your doctor. Small amounts of phenytoin appear in breast milk. Consult with your doctor before breast-feeding. Use of alcohol and other sedative type medications can lead to extreme drowsiness. Try to limit their usage. This medication may decrease the effectiveness of oral contraceptives. Consult your pharmacist or doctor about other methods of birth control. Be sure your doctor knows your complete medical history.

**DRUG INTERACTIONS:** Inform your doctor about all the medicine you use (both prescription and non-prescription) especially if you take "blood thinners" (Coumadin), cimetidine (Tagamet) for stomach problems, disulfiram (Antabuse) for alcoholism, oral antifungal medication or xanthine drugs (theophylline) to treat asthma as your dose may need to be adjusted. Limit your caffeine usage.

**NOTES:** It is recommended to wear or carry medication identification indicating you are taking this drug. Do not change from one brand of this product to another without consulting your doctor or pharmacist. Products made by different companies may not be equally effective.

**MISSED DOSE:** If you miss a dose and take 1 dose daily: take as soon as remembered unless you do not remember until the next day. In that case, skip the missed dose and resume your usual dosing schedule the following day. If you take several doses daily and should miss a dose: take as soon as remembered unless it is within 4 hours of the next dose. In that case, skip the missed dose and resume your usual schedule. Check with your doctor if you miss doses for more than 2 days in a row. Do not double the dose to catch up.

**STORAGE:** Store at room temperature away from moisture and sunlight. Do not store in the bathroom.

Activity:  
Asking the Physician and Pharmacist, a Safety Check

Name	Dose (e.g., ____ mg) and form (e.g., tabs)	When to take each dose?	For how long?
Brand: _____ Generic: _____			

1. What is the medication supposed to do?
2. How long before we will know it is working or not working?
3. What about serum (blood) levels? Other laboratory work? How often? Where?  
Standing order?
4. If I miss a dose, what should I do?

*INTERACTIONS?*

5. Should I take this medication with food?  
At least one hour before or two hours after a meal?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are there any foods, supplements (e.g., herbs, vitamins, minerals), drinks (e.g., alcoholic), or activities that I should avoid while taking this medication?  
☐ Yes (Which ones?) \_\_\_\_\_  
☐ No
7. Are there any other prescription or over-the-counter medications that I should avoid?  
☐ Yes (Which ones?) \_\_\_\_\_  
☐ No

*SIDE EFFECTS? IF SO, RESPONSE?*

8. What are common side effects?
9. If I have any side effects, what should I do? How do I know whether to go to the emergency, call you right away, or just make an appointment to see you?
10. If it is being prescribed for a long period of time, are there any *long-term effects*?



After 10 minutes or so, ask how the activity went.

**Ask**

What was difficult about it? Why expert information can be important, etc. And, stress the importance of ASKING, ASKING, and then ASKING some more.

Correct Handling,  
Ordering, Storing,  
Recording, and Destroying

**Say, and Discuss**

Let's talk about ordering, storing and destroying medications.

*Ordering*

Some pharmacists provide extra services, and will package medications in ways that can be helpful. Bubble-packs are popular, but be sure you understand how each person's packet is to be used. It is a good idea to order refills about 7 days in advance of running out.

*Storing*

Medications must be stored appropriately. If an individual takes medication on his/her own with no assistance, the medication must be locked (for example, in a bedside, locked drawer to elsewhere), to keep it away from others. When medications are "centrally stored," they must be stored in locked

Your Presentation Notes

cabinets or drawers. If a centrally-stored medication requires refrigeration, it must be in a locked container inside the refrigerator. If stored in the refrigerator, it's recommended that you use a thermometer and keep the refrigerator in the 36-40 degree range. Also, most medications will degrade if they are exposed to sunlight, high temperatures, or high humidity.

### *Recording*

We have already talked about Medication Logs. In addition, all drugs entering the home must be listed when they enter the home, and if a medication is discontinued, or if an "as needed" medication outlives its usefulness, or if a person leaves the home and does not take his/her medicine to the new residence, the medicine needs to be destroyed in the presence of another adult who is not a client, with appropriate entries made on LIC Form 622. Check with your local community care licensing agency to find out if a waiver is needed for medication destruction to comply with local environmental regulations.

### **Do**

**Show overhead #25**

### **Say**

Here is a **Medication Forms Exercise**. It's in your *Resource Guide* (refer to page number). Let's practice using these forms, with a

## Your Presentation Notes

### **Medications Forms Exercise – Two Tasks**

- **Write information from prescriptions on the Medication Admin. Sheet**
- **Make appropriate entries on this Sheet and on excerpted LIC 622, "Centrally-Stored Medication and Destruction Record"**

## Activity: Medication Forms Exercise

Susan Anthony, age 8, lives at the *Molina Family Home*.

She has two prescriptions as follows:

Rx: 012345	Date
Dr. Mary Rodriguez	
SUSAN ANTHONY	
Sprinkle 4 caps over food & eat 2 times daily to prevent seizures.	
DEPAKOTE 125 MG Sprinkle CAP	
#300	Expires: 06/01      Refills: 1

Rx: 012346	Date
Dr. Mary Rodriguez	
SUSAN ANTHONY	
Take 2 tablets orally, 3 times a day.	
(May be crushed and taken with food.)	
LAMICTAL 25 MG TABLET	
#200	Expires: 01/02      Refills: 2

- On the blank **Medication Log Sheet** which follows, complete the first two columns for each prescription. In the first column, write in name of drug, strength, form (e.g. cap or tab), and dose at the time indicated in the second column. Assume breakfast is typically at 7am, Susan comes home from school and has a snack around 3pm, and Susan goes to bed about 9pm. In the first column, write in the name of the **medication** (e.g., LAMICTIL), **strength** and **form** (e.g., 25mg TABS), and **dose** (2 TABS), along with any "Do's" or "Don'ts," such as "Take with food."
- On the page after the **Medication Log Sheet** is an excerpted LIC 622, *Centrally Stored Medication and Destruction Record*. Make entries on the Medication Administration Sheet and/or on LIC 622, based on the following information:
  - On the 5<sup>th</sup>, Mrs. Molina called in for a refill of the LAMICTAL, at Lucky's Pharmacy, picking it up on the 8<sup>th</sup>, and starts using it on the 12<sup>th</sup>.
  - On the 17<sup>th</sup>, after Mrs. Molina reports some hand tremors, Dr. Rodriguez says, over the phone, to give Susan 2 Tabs of LAMICTAL, 2 times a day, rather than 3, at breakfast and dinner time.
  - On the 28<sup>th</sup>, after seeing Susan and Mrs. Molina at her office, Dr. Rodriguez orders discontinuation of the LAMICTAL entirely.

## Medication Log

Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph. 123-4567)

Name: Susan Anthony

Insurance: ☐ Medi-Cal • ☐ Medicare • Insurance No. \_\_\_\_\_[illegible]

Primary care physician: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

**Legend:** Initials means given.    Meds given at ...    D=day program    • H=Relative or friend's home    • E=Elsewhere

**Signatures & initials:**

for \_\_\_\_\_ for \_\_\_\_\_

**Notes & comments:** (Suggest color-coding times of day with light highlighter.)

## Allergies

## Penicillin

\* On 17<sup>th</sup>, Dr. Rodriguez ordered (via phone) change to 2 tabs, twice a day.

\*\*\*On 28<sup>th</sup>, Dr. Rodriguez order (at office visit) discontinuation of Lamictal entirely.

### CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD

## 1. CENTRALLY STORED MEDICATION

**INSTRUCTIONS:** Centrally stored medications shall be kept in a safe and locked place that is not accessible to any person(s) except authorized individuals. Medication records on each client/resident shall be maintained for at least one year

[illegible]

## II. MEDICATION DESTRUCTION RECORD

**INSTRUCTIONS:** Prescription drugs not taken with the client/resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Administrator or Designated Representative and witnessed by one other adult who is not a client/resident. All facilities except Residential Care Facilities for the Elderly (RCFEs) shall retain destruction records for at least one year. RCFEs shall retain records for at least three years.

[illegible]

hypothetical situation. You may help each other, but every person should do the exercise for themselves. First, fill in the information on the Medication Administration Log. Then, record on that Sheet and/or on the back (an excerpted LIC 622 form) the information about changes during the month.

**Do**

Give participants about 15 minutes to complete this activity. Walk around to make sure that everyone understand the activity and to answer questions.

**Ask**

How did you do?

What was most difficult?

Make sure that everyone has a chance to discuss the activity.

**Ask**

If you have occasion to destroy medication, how should that be done?

By regulation, two adults (exclusive of clients) are to witness and attest to the destruction. Should the material be flushed down the toilet? Not necessarily. You should call your Community Care Licensing official to see if there are any prohibitions against this – typically for environmental reasons.

## Your Presentation Notes

## Common Medications and Their Uses

### Do

Show overhead #26

### Say

There are thousands of prescription and non-prescription medications. One way in which they are classified is by principle approved use or which body system or tissue or organ is affected. Each of these has a specific name. For example, there are drugs which affect:

- Heart and cardiovascular system and they are called antihypertensives or antirhythmic
- Lungs or Respiratory system and they are called decongestants, antihistamines or expectorants
- Stomach and Gastrointestinal system and they are called antacids, laxatives, etc.
- Eyes and Ears and they might be ophthalmic anti-inflammatories or nasal drugs
- Skin and they might be anti-infectives or topical corticosteroids

## Your Presentation Notes

### Classes of Medications – What's Affected?

For example:

- Heart
- Lungs
- Stomach
- Eyes and nose
- Skin

Session #4, Overhead 26

**Do**

**Show overhead #27**

**Say**

There are a number of psychotropic medicines prescribed for mental health challenges. Psychotropics are intended to affect thinking or feeling, and are taken by people with developmental disabilities. Some of these medications (for example, Thorazine, Haldol), alone or alongside other treatments (for example, talk therapy), are used to treat psychiatric disorders, which can involve serious impairments in mental or emotional function that affects an individual's ability to perform normal activities and to relate effectively to others.

**Do**

**Show overhead #28**

**Say**

There are also medicines prescribed for seizures. The most common anti-seizure medications (for example, Dilantin, Tegretol) can help people control completely or decrease different types of seizure activity

**Say**

In your *Resource Guide* (refer to page number), we provide some information about so-called *psychotropics* and *anti-seizure*

## Your Presentation Notes

### **Psychotropics**

**Used to treat psychiatric disorders which affect a person's day-to-day life.**

**Session #4, Overhead 27**

### **Anti-seizure Medications**

**Help people control completely or decrease different types of seizure activity**

**Session #4, Overhead 28**



medication. And, in an earlier module, we talked about bacterial infections and the use of *antibiotics*. One point is worth some attention, and that is the role of dietary supplements (e.g., a one-a-day multiple vitamin) in cases where certain drugs interfere with the absorption or use of vitamins and minerals. Only in recent years have medical students spent much time on nutrition, and they may simply overlook interactions like this one. So, be sure you ask the physician, the pharmacist, and consider talking with a dietitian as well, if you have any concerns about proper nutrition in relation to drug therapy. Do you have any questions or concerns about any of that material?

**Do**

**Show overheads #29 and #30**

**Say**

Let's end this session by looking, once again, at the *critical skills* of DSPs regarding medication:

- Assure that all medications are correctly self-administered.
- Watch carefully for adverse reactions and other side effects;
- Document changes in the illness or behavior, and in symptoms, adverse reactions, other side effects and

## Your Presentation Notes

### Critical Skills of the DSP?

- **Assure all medications are correctly self-administered**
- **Watch for adverse reactions and other side effects**
- **Document changes**

Session #4, Overhead 29

### Critical Skills of the DSP? (cont'd)

- **Bring information to appropriate persons**
- **Ask questions of the physician and pharmacist, when you have them**
- **Read up on medications which are used**

Session #4, Overhead 30

apparent interactions in the individual's record.

- Bring this information to the attention of appropriate persons (for example, administrator of the home, nurse, the individual's physician, other DSPs) in a timely manner and be sure it is acted upon.
- When accompanying a person on a physician visit, or getting a prescription filled, ask the physician and the pharmacist questions to get necessary information about the medication.
- Read up on any medications being considered or prescribed.

## Your Presentation Notes

## Homework Assignment

### Say

Our next Wellness session deals with responses to the health needs of the individual. We will be talking about health histories, allergies, arranging for routine medical and dental examinations, age and gender-appropriate screenings, personal hygiene, advocating effectively for health care services, documentation of health care visits and telephone calls, and using community health (and safety) resources. Your Homework Assignment is to interview

## Homework Assignment for Session #5: Community Resources - Health & Safety

**Directions:** DSPs are to pair up, choose a person or organization, and learn (by telephone, personal interview, or just stopping by the place) what that individual or organization can provide in terms of information or other services that might meet a health or safety need of people living in the home where you work. Call around and see if you can find an appropriate resource. Individuals and organizations can be identified in the Yellow Pages under such headings as:

**Safety Equipment**

**Health Care Services**

**First Aid and Safety Instruction**

**Health Clubs**

**Safety Consultants**

**Weight Control Services**

**Waste Disposal—Hazardous**

**Fire Alarm Systems**

**Waste Disposal—Medical and Infectious**

**Fire Extinguishers**

**First Aid Supplies**

**Clinics**

**Hospitals, nursing homes**

**YMCA, YWCA**

**Fire Department**

**Red Cross**

**Social Service Organizations, such as American Heart Association, American Diabetes Association, American Cancer Society, etc.**

**College, University, or Regional Occupational Centers and Programs**

**Any other person/organization that contributes to health or safety.**

**A health or safety topic addressed by a phone service. (NOTE: In the Los Angeles area, this can be found in the telephone book. Kaiser Permanente also has such a service.)**

On the next page, you will find a set of basic questions to ask. Please jot down a summary of what the person you spoke with had to say.

Homework Assignment for Session #5:  
Learning About Local Health and Safety Resources

Name of Organization or Person Contacted: \_\_\_\_\_

Type of Business/Organization: \_\_\_\_\_

**Note:** First, say who you are and why you are calling. For example, My name is ... and I have a class assignment to learn more about health and safety resources in my community. I'd like to ask you a few questions.

1. What services do you provide?
  
  
  
  
  
  
  
  
  
  
2. Who are your customers? Who uses your services and why?
  
  
  
  
  
  
  
  
  
  
3. Are your services accessible to people with disabilities?
  
  
  
  
  
  
  
  
  
  
4. How does your business/organization contribute to good health and reasonable safety for people living in our community?

**Note:** Close by thanking the person you spoke with.

someone who provides health and safety related goods or services for people within your community.

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*.

Any questions?

See you next time.

## Your Presentation Notes

## **If You Want to Read More About Medications**

### **The American Pharmaceutical Association's Guide to Prescription Drugs**

by Donald Sullivan, Ph.D., R.Ph. (1998); A Signet Book; ISBN: 0451199438

Written in clear, easy-to-understand language, and organized alphabetically, this book provides the most up-to-date information you need to know about the most commonly prescribed drugs.

### **Wellness Digest, Vol. 1, No. 2**

by California Department of Developmental Services (n.d.); The Department

This issue is devoted to Medication Administration. Ed Anamizu, PharmD., served as consulting editor, and was assisted by Mary Jann, R.N. Both worked at Stockton Developmental Center before it closed.

### **Self-Assessment Guide: MEDICATIONS**

by the Technical Support Program, Community Care Licensing Division, California Department of Social Services

This short document provides a quick review of relevant Title 22 regulations, along with best practice ideas.

### **Dangerous Drug Interactions: The People's Pharmacy Guide**

by Joe Graedon & Teresa Graedon (1999); St. Martin's Press revised edition; ISBN: 0312968264

This book summarizes much of what is known about drug interaction, not only with other medications (both prescription and OTC), but with foods, vitamins and minerals, herbs, and alcohol. One chapter on drug interactions of particular interest to women, children, and the elderly. Excellent index. Dean Edell, M.D., Medical Journalist in San Francisco, says: "At last, someone has tackled this most complex and critical area. Only the Graedons could make this clear and understandable. A 'must have' for anyone interested in their health."

**FDA Tips for Taking Medicines: How to Get the Most Benefit with the Fewest Risks**  
by U.S. Food and Drug Administration (n.d.); reprint Publication No. FDA 96-3221.

Write FDA, 5600 Fishers Lane, Rockville, MD 20856, Attn: HFE-88 (for single copy, which is free). This reprint includes a patient check-off chart for help in taking medications at the right time. Special sections advise patients on medications while in the hospital, protection against tampering, medication counseling, and tips for giving medicine to children.

**Food and Drug Administration**  
**<http://www.fda.gov>**

This site has information about FDA activities and a variety of other information, such as drug testing, newly approved drugs, drug warnings, etc. It also has the FDA Consumer, the agency's official consumer magazine. Some specific pages to check out at this site are: "Making it Easier to Read Prescriptions," "FDA Proposes Program to Give Patients Better Medication Information," and "Tips for taking Medication."

**Health and Wellness Reference Guide**

by Smith Consultant Group and McGowan Consultants; developed for the Commission on Compliance, State of Tennessee (July 1998)

This is an excellent general reference for nurses and others working with DSP in various settings.

## References for this Session

**Douglas Fisher, Ph.D., Director of Professional Development and Assistant Professor of Teacher Education, San Diego State University,** for sharing curriculum materials for a residential service provider course he teaches.

### **Kaiser Permanente's Healthwise Handbook**

by Donald W. Kemper, the Healthwise Staff, and Kaiser Permanente Physicians and Staff of Northern California (1998); Healthwise, Incorporated; ISBN: 1877930458

This handbook, distributed to members, contains a wealth of information related to self-care and when to get professional help. Part I covers Self-Care Basics, which includes using the Kaiser Permanente System, being a wise medical consumer, and prevention and early detection. Part II covers an array of health problems, including those of special interest to men, women, and children. Part III is about Staying Healthy, and covers mouth and dental problems, fitness and relaxation, nutrition, and mental wellness. Part IV, on Self-Care Resources, concludes the book.

### **Providing Residential Services in Community Settings**

by the Michigan Department of Community Health

A training guide for residential service providers which includes a section on writing up medication errors.

### **Self-Assessment Guide: MEDICATIONS**

by the Technical Support Program, Community Care Licensing Division, California Department of Social Services

This short document provides a quick review of relevant Title 22 regulations, along with best practice ideas.

### **The American Pharmaceutical Association's Guide to Prescription Drugs**

by Donald Sullivan, Ph.D., R.Ph. (1998); A Signet Book; ISBN: 0451199438

Written in clear, easy-to-understand language, and organized alphabetically, this book provides the most up-to-date information you need to know about the most commonly prescribed drugs.